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HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2013  
OF THE CONDITION AND AFFAIRS OF THE

BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

NAIC Group Code	0000	NAIC Company Code	53473	Employer's ID Number	05-0158952
	(Current Period)		(Prior Period)		
Organized under the Laws of	STATE OF RHODE ISLAND			, State of Domicile or Port of Entry	
Country of Domicile	UNITED STATES				
Licensed as business type:	Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ X ]				
	Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ ]				
	Other [ ] Is HMO Federally Qualified? Yes [ ] No [ ]				
Incorporated/Organized	February 27, 1939			Commenced Business: September 1, 1939	
Statutory Home Office	500 EXCHANGE STREET			PROVIDENCE, RI, US 02903	
	(Street and Number)			(City or Town, State, Country and Zip Code)	
Main Administrative Office	500 EXCHANGE STREET				
	(Street and Number)				
	PROVIDENCE, RI, US 02903			401-459-1000	
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)	
Mail Address	500 EXCHANGE STREET			PROVIDENCE, RI, US 02903	
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	500 EXCHANGE STREET			PROVIDENCE, RI, US 02903 401-459-1000	
	(Street and Number)			(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)	
Internet Website Address	WWW.BCBSRI.COM				
Statutory Statement Contact	BRIAN M. O'MALLEY			401-459-1924	
	(Name)			(Area Code) (Telephone Number) (Extension)	
	BRIAN.O'MALLEY@BCBSRI.ORG			401-459-1198	
	(E-Mail Address)			(Fax Number)	

OFFICERS

	Name	Title
1.	PETER ANDRUSZKIEWICZ	PRESIDENT & CEO
2.	MICHELE B. LEDERBERG	EVP. & GEN. COUNSEL
3.	MICHAEL W. HUDSON	EXECUTIVE VICE PRESIDENT & CFO

VICE-PRESIDENTS

Name	Title	Name	Title
CHRISTOPHER G. BUSH	V.P. - UNDERWRITING	JEREMY DUNCAN	V.P. - COMMUNICATIONS
JIM GALLAGHER	V.P. - PRODUCT DEVELOPMENT	PAUL HANLON	SR.VP & CHIEF INFORMATION OFFICER
ELLIE HARRISON #	SR. V.P. - HUMAN RESOURCES	ERIK HELMS #	V.P. - MEDICAL ECONOMICS
MARC HUDAK	V.P. - CARE INNOVAT. & INTEGRATION	AUGUSTINE A. MANOCCHIA M.D.	SR. V.P. & CHIEF MEDICAL OFFICER
MONICA A. NERONHA	V.P. - LEGAL SERVICES	BRIAN M. O'MALLEY	V.P. - FINANCE
VISAEI RODRIGUEZ	CHIEF DIVERSITY OFFICER	MARK D. WAGGONER	SR. V.P. - NETWORK. & CONTRACTING
WILLIAM K. WRAY	CHIEF OPERATING OFFICER	ROBERT S. WOLFKIEL	V.P. & CHIEF SALES OFFICER

DIRECTORS OR TRUSTEES

DENISE A. BARGE	ANGELO BUTERA #	FREDRIC V. CHRISTIAN M.D.	MICHAEL V. D'AMBRA
SCOTT DUHAMEL	CARRIE B. FELIZ #	JAMES A. HARRINGTON	PETER C. HAYES
JUANA I. HORTON	ELIZABETH B. LANGE M.D.	JOHN C. LANGENUS #	WARREN E. LICHT M.D.
CHUCK LOCURTO	JOHN P. MAGUIRE	CAROL A. MUMFORD	ROBERT G. NORTON
ANNE E. POWERS	MERRILL. SHERMAN #	RANDY A. WYROFSKY	

State of RHODE ISLAND  
County of PROVIDENCE ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
PETER ANDRUSZKIEWICZ	MICHELE B. LEDERBERG	MICHAEL W. HUDSON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
PRESIDENT & CEO	EVP. & GEN. COUNSEL	EXECUTIVE VICE PRESIDENT & CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2014 by \_\_\_\_\_

a. Is this an original filing? [ X ] Yes [ ] No

b. If no: 1. State the amendment number \_\_\_\_\_

2. Date filed \_\_\_\_\_

3. Number of pages attached \_\_\_\_\_

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
Federal Employees Health Benefit Program	23,251,448					23,251,448
Westerly Hospital - Pre-debt filing	2,000,000					2,000,000
Roger Williams Medical Center Standard	642,689					642,689
St.Joseph Health Services of RI Standard	578,709	1				578,710
Prov School Dept Misc Retirees Basic-1999	242,860	247,221				490,081
RI Laborers Health Fund	468,792					468,792
Direct Pay Group	243,139	17,287	15,066	76,288	351,780	
Medicare Advantage Direct Pay	68,055	40,918	32,192	178,917	320,082	
St.Joseph Health Services of RI Premium	239,950					239,950
Rhodes Technologies	233,316					233,316
Penske Automotive Group,Inc	187,241	35,261				222,502
Fellowship Health Resources Inc	219,401					219,401
W & I/NEHCEU 1199	105,236	104,025				209,261
Meeting Street	194,882					194,882
Virginia Transportation Corp	162,311	31,436				193,747
The Original Bradford Soapworks, Inc.	155,330	13,868				169,198
Providence Teachers	83,909	83,909				167,818
RWMC-CCHP	155,477	4,012				159,489
University Medical Group Inc	72,772	84,073				156,845
Elmhurst Extended Care Standard	146,563					146,563
South County Hospital	140,191					140,191
St Mary's Home	70,488	68,694				139,182
Hopkins Manor Ltd	134,831	6				134,837
Direct Pay Group	111,570	4,001				115,571
Charlesgate Nursing Center	111,753					111,753
Providence Retirees - Plan 65	105,668					105,668
American Medical Alert Corp. dba Tunstall Americas	102,292					102,292
Quartermoon Inc	43,190	43,726				86,916
Procaccianti Group Corporate HMCC	85,219					85,219
Gem Plumbing & Heating	77,167					77,167
Providence Metallizing	39,211	36,161				75,372
Saint Elizabeth Manor	71,337	867				72,204
Crowne Plaza At The Crossings	71,912					71,912
Marinosci Law Group, PC	70,598					70,598
Woonsocket School Department	67,857					67,857
Visiting Nurse Home Care	66,469					66,469
Providence 1033 Sch Aides/Bus Monitors-Before 2004	32,141	31,633				63,774
United Methodist Elder Care	62,156					62,156
Riverview Nursing Home	61,311					61,311
Shechtman Halperin Savage, Llp	59,985					59,985
YMCA of Pawtucket	52,436	6,423				58,859
X-Ray Associates, Inc DBA-XRA Medical Imaging	57,558					57,558
Women & Infants Hospital	57,045					57,045

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Walco Electric Co	54,682					54,682
J R Vinagro Corp	54,046					54,046
Morgan Health Center	51,088					51,088
General Tech Corp DBA Computopia				50,926	50,926	
Direct Pay Group	43,374	268	169	679	44,490	
Urban League of RI			2,330	42,149	44,479	
Bethany Home of RI	23,788	20,396				44,184
Liberty Title & Escrow Co,Inc	43,470					43,470
Naiad Inflatables of Newport	19,805	21,046				40,851
Heatherwood Nursing & Rehab Center	40,520					40,520
Lifespan - RIH	39,372					39,372
Care New England	37,766					37,766
Gateway Healthcare Inc	37,565					37,565
ASLC OPCO RII, LLC d/b/a Trinity Health And Rehab	36,593					36,593
Brigido's Iga Marketplace	35,670					35,670
E.A.Sherman Pub.Co.DBA/The Newport Daily News	34,069	1,020				35,089
National Investments, Ltd	34,721					34,721
Berkshire Place Ltd	33,711					33,711
Infusion Resource LLC	32,916					32,916
Providence School Dept Misc Retirees	16,163	16,348				32,511
Coventry Public Schools	32,260					32,260
Police and Fire Over 65 Retirees	31,926					31,926
Waste Haulers LLC	31,373					31,373
Clipper Home	30,539					30,539
Westin Tyson's Corner	30,007					30,007
City Of Providence 1033	29,714					29,714
City Of Prov Local 1033	28,654					28,654
Warwick Public Schools	27,745	500				28,245
Family Resources Community Action	28,208					28,208
John Hope Settlement House			176	27,938	28,114	
Marriott Fort Lauderdale North, FL	27,827	269				28,096
Electro Standards Lab	28,031					28,031
American Tool Company	11,783	11,783	4,340			27,906
Plan 65 Direct Pay Group	26,244	622	210	553	27,629	
Cranston Public Schools	27,451					27,451
Penske Automotive Group,Inc	4,334	11,396	4,519	7,080	27,329	
Rbc Industries, Inc.	26,751					26,751
Direct Pay Group	26,429					26,429
Precision Design Studios, Inc.	24,865	525				25,390
Microfibres Inc	25,276					25,276
RI Rehabilitation Institute	23,110	2,148				25,258
Valley Affordable Housing	25,071					25,071
Jammat Housing And Community Development Corp,inc.	14,167	10,352				24,519
Silver Fern Practice, LLC dba Performance Physical	24,498					24,498
Polyworks Inc.	23,968					23,968
Double Tree Tulsa	22,500	1,291				23,791

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Marriott Palm Beach Gardens, FL	23,342					23,342
Barry's Auto Group, Inc.	23,201	2				23,203
Homefront Health Care	22,800					22,800
Kenneth Castellucci & Associates Inc	22,782					22,782
BLI Messaging	22,579					22,579
Providence Fire Department	22,458					22,458
ASLC RI II, LLC d/b/a Hebert Health Center	22,114					22,114
Schaumburg Marriott	21,713					21,713
Town of Westerly	20,993					20,993
Direct Pay Group	19,409	1,080	299	87	20,875	
United Water	20,869					20,869
Direct Pay Group	18,846	(101)	1,378	405	20,528	
Darlington Memory Lane, Inc	9,037	10,981				20,018
Urologic Specialists of New England, LLC	19,848					19,848
The Quinlan Companies, Inc	19,562					19,562
Holiday Inn Grand Montanabillings	17,630	1,494				19,124
Westerly Nursing Home	19,005					19,005
Providence Police Department	18,849					18,849
RWMA	18,372					18,372
Providence 1339 School Clerks - Before 2004	9,144	9,190				18,334
Renaissance Boca Raton, FL	14,018	3,711				17,729
Smithfield Peat Company Inc	17,163					17,163
M H Stallman	16,874					16,874
Associates In Anesthesia Inc	16,835					16,835
Universal Ambulance		2,985	13,728			16,713
Avtech Software, Inc	16,482					16,482
Marriott Waterford Okc	16,476					16,476
St.Joseph Health Services of RI Standard Cobra	2,184	6,509	2,052	5,359	16,104	
Prov Sch Dept Local 1033	8,085	7,935				16,020
Stanley's Boat Yard Inc	15,981					15,981
Carnegie Abbey Club	15,976					15,976
Gordon Enterprises Inc	15,853					15,853
Hyatt Regency Lexington	15,813					15,813
Blount Small Ship Adventures	15,676					15,676
Direct Pay Group	14,346	1,140				15,486
Cortland Place	15,410					15,410
Bliss Mfg Co Inc	15,363					15,363
Westerly Public Schools	15,269					15,269
Embolden Design Inc	15,088					15,088
Providence 1033, Non-Bargained Retirees Ext Ben-09	15,080					15,080
Superior Bakery	8,959	5,834				14,793
Print Mount Company	14,715					14,715
Town of Narragansett	14,702					14,702
Sheraton Suites Elk Grove/Village	14,598					14,598
Greene Construction	14,577					14,577
Bannister House, Inc	14,511					14,511

EXHIBIT 2 – ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Churchill & Banks Companies LLC	13,993					13,993
Moses Afonso Ryan Ltd	13,969					13,969
LIN Television Corporation	6,280	6,255	1,294			13,829
Providence 1033 School Dept B.E.S.T.-Before 2004	6,881	6,881				13,762
Chariho Regional School District	13,315					13,315
Squantum Association Inc	13,226					13,226
AOS Operating Company	12,716					12,716
Jefferson Hotel Assoc -Holiday Inn	12,669					12,669
Cscs, Inc	6,246	6,246				12,492
Pond View Excavating Corporation	6,188	6,188				12,376
Vicker's Liquors LLC	(2,017)	6,890	6,890	270	12,033	
R & B Services Inc	11,990					11,990
The Rhode Island Philharmonic Orchestra & Music Sc	11,917					11,917
Brown University	1,541	679	679	8,968	11,867	
Providence School Administrators	5,957	5,865				11,822
South Kingstown School	11,700					11,700
Procaccianti Group/Lenox Hospitality	3,865	3,865	3,865			11,595
Amalgamated Financial Equities III, LLC	11,448					11,448
R & R Construction	11,419					11,419
Direct Pay High Risk Pool Group	10,856	459	10			11,325
New England Ambulance Service Inc.	11,110					11,110
Advanced Radiology	11,109					11,109
Jacob Licht Inc	11,050					11,050
Providence Business News	11,018					11,018
Avalon Nursing Home Inc	10,942					10,942
Aacone Insulation Inc	10,800					10,800
Syqwest Inc	10,759					10,759
Epoch Sleep Centers	10,758					10,758
Greene Acres	10,597					10,597
Sheraton Suites Country Club Plaza, MO	10,590					10,590
Warwick Public Schools	10,523					10,523
Tarnell Company LLC	10,386	43				10,429
Boys & Girls Clubs of Providence	10,164					10,164
Modern Industries	10,057					10,057
0299997 Group subscriber subtotal	33,593,124	1,045,617	89,197	399,619	976,236	34,151,321
0299998 Premiums due and unpaid not individually listed	1,884,469	141,581	40,663	89,760	97,889	2,058,584
0299999 Total group	35,477,593	1,187,198	129,860	489,379	1,074,125	36,209,905
0399999 Premiums due and unpaid from Medicare entities	1,469,166	1,469,167	1,469,167	13,222,500		17,630,000
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	36,946,759	2,656,365	1,599,027	13,711,879	1,074,125	53,839,905

EXHIBIT 3 – HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
PHARMACY BENEFIT MANAGER	1,465,871	1,465,869	1,465,869	2,500,497	1,666,563	5,231,543
0199998 Pharmaceutical Rebate Receivables Not Individually Listed						
0199999 Pharmaceutical Rebate Receivables	1,465,871	1,465,869	1,465,869	2,500,497	1,666,563	5,231,543
4499 ACUSHNET AVENUE OPER	24,272					24,272
ASSISTED RECOVERY LLC				18,380		18,380
BARBARA A. BOURBONNIERE				11,979	11,979	
BERKSHIRE PLACE LTD				17,070		17,070
BETHANY HOME OFRI INC.	10,256					10,256
BUTLER HOSPITAL		36,771				36,771
BUTLER HOSPITAL	10,418					10,418
CAREMARK LLC	12,120					12,120
CHARLTON MEMORIAL HOSPITAL	15,993					15,993
DIGITRACE CARE SVCS INC				11,503		11,503
ENCOMPASS CARE CO		21,552				21,552
HUDSON HOME HEALTH CARE		22,066				22,066
IAN BARLOW				381,476		381,476
JOSEPH PLAKYIL				10,736		10,736
KCI USA, INC		36,789		1,394	38,184	
KENT COUNTY HOSPITAL	189,167					189,167
KENT REGENCY CENTER	15,954					15,954
LANDMARK MEDICAL CENTER	31,762					31,762
LIFE CARE AT HOME OF RI		17,017				17,017
MASSACHUSETTS DIVISION OF HEALTH	35,042					35,042
MED CARE AMBULANCE				7,177		7,177
MORTON HOSPITAL				11,544		11,544
NEWPORT HOSPITAL	71,024					71,024
NURSING PLACEMENT HOME HLTH CARE SVCS		22,427				22,427
RHODE ISLAND HOSPITAL	434,268			13,298		447,565
ROGER WILLIAMS MEDICAL CENTER	127,411					127,411
SOUTH COUNTY HOSPITAL	58,361					58,361
SOUTH SUBURBAN DIALYSIS	21,165					21,165
SOUTHERN NE REGL CANCER		21,948				21,948
ST JOSEPH HOSPITAL				11,380	11,380	
ST JOSEPHS HEALTH SERVICES OF RI	138,414					138,414
STURDY MEMORIAL HOSPITAL				12,346		12,346
THE MIRIAM HOSPITAL	207,060			12,596		219,656
VITAL CARE OF RI	20,701					20,701
WESTERLY HOSPITAL	57,801					57,801
WOMEN & INFANTS HOSPITAL	51,487					51,487
0299998 Claim Overpayment Receivables Not Individually Listed	108,239	109,799	82,353	699,078	355,313	644,156
0299999 Claim Overpayment Receivables	1,640,915	288,369	82,353	1,219,957	416,856	2,814,738

## EXHIBIT 3 – HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	13,816,296	12,728,978	1,666,563	5,231,543	15,482,859	15,543,139
2. Claim overpayment receivables .....	947,545	624,937	611,141	2,620,457	1,558,686	1,558,685
3. Loans and advances to providers .....						
4. Capitation arrangement receivables .....						
5. Risk sharing receivables .....	158,213				158,213	158,213
6. Other health care receivables .....	2,881,592	2,219,246	2,622,448	3,655,200	5,504,040	7,029,840
7. Total (Lines 1 through 6)	17,803,646	15,573,161	4,900,152	11,507,200	22,703,798	24,289,877

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.



**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

### Aging Analysis of Unpaid Claims

[illegible]

## EXHIBIT 5 – AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 6 – AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5					
Affiliate	Description	Amount	Current	Non-Current					
NONE									
					0399999	Total gross payables			

## EXHIBIT 7 – PART 1 – SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						987,516
2. Intermediaries	987,516	0.075				
3. All other providers						
4. Total capitation payments	987,516	0.075				987,516
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	1,324,311,557	99.925	X X X	X X X		1,324,311,557
7. Bonus/withhold arrangements – fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements – contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	1,324,311,557	99.925	X X X	X X X		1,324,311,557
13. Total (Line 4 plus Line 12)	1,325,299,073	100.000	X X X	X X X		1,325,299,073

## EXHIBIT 7 – PART 2 – SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	9,105,413		3,862,215		5,243,198	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment	382,933				382,933	
6. Total	9,488,346		3,862,215		5,626,131	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

2. PROVIDENCE, RHODE ISLAND

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2013

NAIC Company Code 53473

30 RI

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year	355,338	16,079	180,936	24,985		28,405	22,955	32,160		49,818
2. First Quarter	347,960	16,364	180,169	24,852		23,959	23,113	31,796		47,707
3. Second Quarter	345,699	16,654	177,552	24,894		24,135	22,995	31,788		47,681
4. Third Quarter	344,282	17,197	176,176	25,006		23,384	22,909	31,923		47,687
5. Current Year	344,178	17,254	175,802	25,006		23,252	22,815	32,063		47,986
6. Current Year Member Months	4,144,418	202,476	2,125,810	299,209		284,727	275,700	382,598		573,898
Total Member Ambulatory Encounters For Year:										
7. Physician	1,471,362	88,324	959,179					423,859		
8. Non-Physician	775,694	53,369	598,082					124,243		
9. Total	2,247,056	141,693	1,557,261					548,102		
10. Hospital Patient Days Incurred	80,484	4,122	37,237					39,125		
11. Number of Inpatient Admissions	17,362	842	8,723					7,797		
12. Health Premiums Written (b)	1,540,951,065	69,450,796	889,805,279	54,736,395		27,886,823	97,717,071	376,711,965		24,642,736
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,537,960,307	69,450,796	889,915,290	54,736,395		27,886,823	97,717,071	376,711,965		21,541,967
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,325,299,073	60,572,053	754,062,385	43,540,748		23,245,743	90,808,727	339,045,236	160,479	13,863,702
18. Amount Incurred for Provision of Health Care Services	1,322,763,252	64,873,131	750,749,804	42,774,605		22,736,743	91,425,374	336,239,457	(257)	13,964,395

(a) For health business: number of persons insured under PPO managed care products 245,090 and number of persons insured under indemnity only products 2,724.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0.



53473201343059100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Report for: 1. Corporation BLUE CROSS & BLUE SHIELD OF RHODE ISLAND

2. PROVIDENCE, RHODE ISLAND

(LOCATION)

NAIC Group Code 0000

BUSINESS IN THE STATE OF TOTAL DURING THE YEAR 2013

NAIC Company Code 53473

30,GT

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year	355,338	16,079	180,936	24,985		28,405	22,955	32,160		49,818
2. First Quarter	347,960	16,364	180,169	24,852		23,959	23,113	31,796		47,707
3. Second Quarter	345,699	16,654	177,552	24,894		24,135	22,995	31,788		47,681
4. Third Quarter	344,282	17,197	176,176	25,006		23,384	22,909	31,923		47,687
5. Current Year	344,178	17,254	175,802	25,006		23,252	22,815	32,063		47,986
6. Current Year Member Months	4,144,418	202,476	2,125,810	299,209		284,727	275,700	382,598		573,898
Total Member Ambulatory Encounters For Year:										
7. Physician	1,471,362	88,324	959,179					423,859		
8. Non-Physician	775,694	53,369	598,082					124,243		
9. Total	2,247,056	141,693	1,557,261					548,102		
10. Hospital Patient Days Incurred	80,484	4,122	37,237					39,125		
11. Number of Inpatient Admissions	17,362	842	8,723					7,797		
12. Health Premiums Written (b)	1,540,951,065	69,450,796	889,805,279	54,736,395		27,886,823	97,717,071	376,711,965		24,642,736
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,537,960,307	69,450,796	889,915,290	54,736,395		27,886,823	97,717,071	376,711,965		21,541,967
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,325,299,073	60,572,053	754,062,385	43,540,748		23,245,743	90,808,727	339,045,236	160,479	13,863,702
18. Amount Incurred for Provision of Health Care Services	1,322,763,252	64,873,131	750,749,804	42,774,605		22,736,743	91,425,374	336,239,457	(257)	13,964,395

(a) For health business: number of persons insured under PPO managed care products 245,090 and number of persons insured under indemnity only products 2,724.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0.

## SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]



## SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company  
as of December 31, Current Year

[illegible]

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1  NAIC Company Code	2  ID Number	3  Effective Date	4  Name of Company	5  Domiciliary Jurisdiction	6  Type	7  Premiums	8  Unearned Premiums (Estimated)	9  Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12  Modified Coinsurance Reserve	13  Funds Withheld Under Coinsurance
									10  Current Year	11  Prior Year		
38245 80985	36-6033921 36-2149353	07/01/2006 05/01/2010	BCS INSURANCE COMPANY 4 EVER LIFE INSURANCE COMPANY	IL IL	SSL/QA/G OTH/A/G	3,100,770 134,249						
0199999	General Account - Authorized - Affiliates - U.S. - Captive					3,235,019						
0399999	General Account - Authorized - Affiliates - U.S. - Total					3,235,019						
0799999	General Account - Authorized - Affiliates - Total Authorized Affiliates					3,235,019						
6999999	Total U.S.					3,235,019						
33												
9999999	Totals					3,235,019						

## SCHEDULE S - PART 4

## Reinsurance Ceded To Unauthorized Company

34

**NONE**

**NONE**

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
			NONE	

## SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 Times Col. 8)	Collateral							23	24	25	26
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable/ Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (credit)	Net Obligation Subject to Collateral (Col. 12 - 13)		Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreement	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col 8, not to exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)
						X X X	X X X										X X X					X X X	X X X		

35

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
			NONE	

SCHEDULE S – PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 OMITTED)

	1	2	3	4	5
	2013	2012	2011	2010	2009
A. OPERATIONS ITEMS					
1. Premiums	3,235	3,990	6,591	6,621	4,515
2. Title XVIII-Medicare					
3. Title XIX-Medicaid				207	280
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	441	484	617	162	228
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers			X X X	X X X	X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust			X X X	X X X	X X X
18. Funds deposited by and withheld from (F)			X X X	X X X	X X X
19. Letters of credit (L)			X X X	X X X	X X X
20. Trust agreements (T)			X X X	X X X	X X X
21. Other (O)			X X X	X X X	X X X

SCHEDULE S – PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	481,142,873		481,142,873
2. Accident and health premiums due and unpaid (Line 15)	54,024,485		54,024,485
3. Amounts recoverable from reinsurers (Line 16.1)	441,339		441,339
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	65,857,200		65,857,200
6. Total assets (Line 28)	601,465,897		601,465,897
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	134,783,138		134,783,138
8. Accrued medical incentive pool and bonus payments (Line 2)	3,455,014		3,455,014
9. Premiums received in advance (Line 8)	19,473,223		19,473,223
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	156,153,322		156,153,322
15. Total liabilities (Line 24)	313,864,697		313,864,697
16. Total capital and surplus (Line 33)	287,601,200	X X X	287,601,200
17. Total liabilities, capital and surplus (Line 34)	601,465,897		601,465,897
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. Total ceded reinsurance payables/offsets			
31. Total net credit for ceded reinsurance			

SCHEDULE T - PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN  
Allocated By States and Territories

		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
States, Etc.							
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Totals						

## SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

Asterik	Explanation
	NONE



## SCHEDULE Y

## PART 2 – SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING	
5. Will Management’s Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed with the NAIC by March 1?	NO
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24. Will the Supplemental Health Care Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
26. Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanation:

Bar Code:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



53473201320500000



53473201342000000



53473201337000000



53473201322500000



53473201330600000



53473201321600000



53473201320700000



53473201337100000



53473201322400000



53473201322600000



53473201321300000

OVERFLOW PAGE FOR WRITE-INS

## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2013  
(To Be Filed By March 1)

FOR THE STATE OF RHODE ISLAND

NAIC Group Code 0000 NAIC Company Code 53473

Address (City, State and Zip Code) 500 EXCHANGE STREET, PROVIDENCE, RI 02903

Person Completing This Exhibit **BRIAN M. O'MALLEY**

Title VICE PRESIDENT, FINANCE Telephone Number 401-459-1924



53473201336040100

[illegible]

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: 500 EXCHANGE STREET PROVIDENCE RI 02903
  - 2.2 Contact Person and Phone Number: JEFFREY J KOLARIK 401-459-1839
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: 500 EXCHANGE STREET PROVIDENCE RI 02903
  - 3.2 Contact Person and Phone Number: JEFFREY J KOLARIK 401-459-1839
4. Explain any policies identified above as policy type 'O'



MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

(To Be Filed By March 1)

NAIC Group Code 0000

NAIC Company Code 53473

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	9,788,686	X X X	6,287,568	X X X	16,076,254
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments		X X X		X X X	
1.2 Supplemental Benefits	1,738,264	X X X		X X X	1,738,264
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(3,056,568)	X X X	1,740,385	X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits	(542,782)	X X X		X X X	X X X
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable		X X X		X X X	X X X
4.2 Payable		X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	6,732,118	X X X	8,028,453	X X X	X X X
5.12 Without Reinsurance Coverage		X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2 Supplemental Benefits	1,195,482	X X X		X X X	X X X
6. Total Premiums	7,927,600	X X X	8,028,453	X X X	17,814,518
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	7,887,302	X X X	6,867,545	X X X	14,754,847
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits	1,400,618	X X X		X X X	1,400,618
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	2,521,909	X X X	291,416	X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits		X X X		X X X	X X X
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		X X X		X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits		X X X		X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	5,365,393	X X X	6,576,129	X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits	952,780	X X X		X X X	X X X
11. Total Claims	6,318,173	X X X	6,576,129	X X X	16,155,465
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied	X X X		X X X		
12.2 Reimbursements Received but Not Applied-change	X X X		X X X		
12.3 Reimbursements Receivable-change	X X X		X X X		X X X
12.4 Health Care Receivables-change	X X X		X X X		X X X
13. Aggregate Policy Reserves-change					X X X
14. Expenses Paid	854,365	X X X	342,042	X X X	1,196,407
15. Expenses Incurred	1,018,936	X X X	407,926	X X X	X X X
16. Underwriting Gain/Loss	590,491	X X X	1,044,398	X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	462,646

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